

DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)	Attorney Docket Number	21260Y	
	First Named Inventor	Doherty et al.	
	COMPLETE IF KNOWN		
	Application Number		
	Filing Date		
	Group Art Unit		
		Examiner Name	

☒ Declaration Submitted with Initial Filing **OR** ☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

OPHTHALMIC COMPOSITIONS FOR TREATING OCULAR HYPERTENSION

(Title of the Invention)

the specification of which

☒ bears the Attorney Docket Number and Title of the Invention noted above

OR

☐ is attached hereto

OR

☐ was filed on (MM/DD/YYYY) as United States Application Number or PCT International Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose to the Patent and Trademark Office all information known to me to be material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f) or 365(b) of any foreign application(s) for patent or inventor's certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate(s), or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Attorney Docket Number	Priority Claimed?
				YES NO
				<input type="checkbox"/> <input type="checkbox"/>
				<input type="checkbox"/> <input type="checkbox"/>
				<input type="checkbox"/> <input type="checkbox"/>
				<input type="checkbox"/> <input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	Attorney Docket Number
60/424,790	11/08/2002	21260PV
60/500,094	09/04/2003	21260PV2

DECLARATION AND POWER OF ATTORNEY for Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information known to me to be material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Application Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint, respectively and individually, as my attorney(s) or agent(s) with full power of substitution and revocation, the following registered practitioner(s) to prosecute this application and to transact all business in the United States Patent and Trademark Office connected therewith:

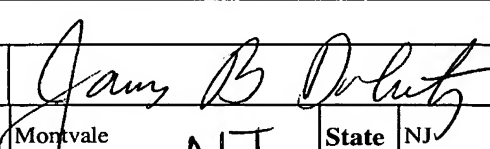
☐ Customer Number
OR
☒ Registered practitioner(s) name/registration number listed below

Name	Registration Number	Name	Registration Number
Sylvia A. Ayler	36,436		
Valerie J. Camara	35,090		

Direct all correspondence to: ☒ Customer Number

Name	Sylvia A. Ayler				
Address	Merck & Co., Inc. - Patent Department				
Address	P.O. Box 2000, RY60-30				
City	Rahway	State	NJ	ZIP	07065-0907
Country	USA	Telephone	(732)594-4909	Fax	(732)594-4720

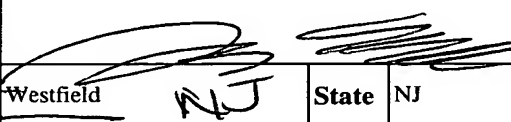
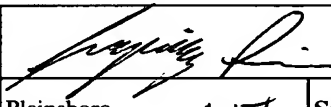
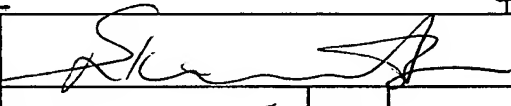
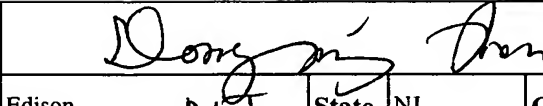
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:	<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])			Family Name or Surname		
James B.			Doherty		
Inventor's Signature				Date	9/26/03
Residence: City	Montvale	State	NJ	Country	US
Post Office Address	Merck & Co., Inc., P.O. Box 2000				
City	Rahway	State	NJ	ZIP	07065-0907

☒ Additional inventors are being named on the _____ supplemental Additional Inventors(s) sheet(s) PTO/SB/02A attached hereto.

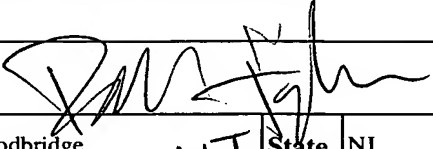
DECLARATION AND POWER OF ATTORNEY

ADDITIONAL INVENTOR(S)
Supplemental Sheet

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor													
Given Name (first and middle [if any])				Family Name or Surname											
<u>Meng-Hsin</u>				<u>Chen</u>											
Inventor's Signature					Date		<u>9/29/03</u>								
Residence: City		<u>Westfield</u> <u>NJ</u>		State		<u>NJ</u>		Country		<u>US</u>		Citizenship		<u>US</u>	
Post Office Address		<u>Merck & Co., Inc., P.O. Box 2000</u>													
City		<u>Rahway</u>			State		<u>NJ</u>		ZIP		<u>07065-0907</u>				
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor													
Given Name (first and middle [if any])				Family Name or Surname											
<u>Luping</u>				<u>Liu</u>											
Inventor's Signature					Date		<u>9/29/2003</u>								
Residence: City		<u>Plainsboro</u> <u>NJ</u>		State		<u>NJ</u>		Country		<u>US</u>		Citizenship		<u>US</u>	
Post Office Address		<u>Merck & Co., Inc., P.O. Box 2000</u>													
City		<u>Rahway</u>			State		<u>NJ</u>		ZIP		<u>07065-0907</u>				
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor													
Given Name (first and middle [if any])				Family Name or Surname											
<u>Swaminathan R.</u>				<u>Natarajan</u>											
Inventor's Signature					Date		<u>9/29/03</u>								
Residence: City		<u>Scotch Plains</u> <u>NJ</u>		State		<u>NJ</u>		Country		<u>US</u>		Citizenship		<u>IN</u>	
Post Office Address		<u>Merck & Co., Inc., P.O. Box 2000</u>													
City		<u>Rahway</u>			State		<u>NJ</u>		ZIP		<u>07065-0907</u>				
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor													
Given Name (first and middle [if any])				Family Name or Surname											
<u>Dong-Ming</u>				<u>Shen</u>											
Inventor's Signature					Date		<u>9/29/03</u>								
Residence: City		<u>Edison</u> <u>NJ</u>		State		<u>NJ</u>		Country		<u>US</u>		Citizenship		<u>US</u>	
Post Office Address		<u>Merck & Co., Inc., P.O. Box 2000</u>													
City		<u>Rahway</u>			State		<u>NJ</u>		ZIP		<u>07065-0907</u>				

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**ADDITIONAL INVENTOR(S)
Supplemental Sheet**

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor															
Given Name (first and middle [if any])				Family Name or Surname													
Robert M.				Tynebor													
Inventor's Signature					Date		7/29/07										
Residence: City		Woodbridge		NJ		State		NJ		Country		US		Citizenship		US	
Post Office Address		Merck & Co., Inc., P.O. Box 2000															
City		Rahway				State		NJ		ZIP		07065-0907					
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor															
Given Name (first and middle [if any])				Family Name or Surname													
Inventor's Signature										Date							
Residence: City				State				Country				Citizenship					
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City		Rahway				State		NJ		ZIP		07065-0907					
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Given Name (first and middle [if any])				Family Name or Surname													
Inventor's Signature										Date							
Residence: City				State				Country				Citizenship					
Post Office Address		Merck & Co., Inc., P.O. Box 2000															
City		Rahway				State		NJ		ZIP		07065-0907					
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Inventor's Signature										Date							
Residence: City				State				Country				Citizenship					
Post Office Address		Merck & Co., Inc., P.O. Box 2000															
City		Rahway				State		NJ		ZIP		07065-0907					
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City		Rahway				State		NJ		ZIP		07065-0907					